

## ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H		11-29-01
O.I.P.E. CLASSIFIER		49	12/3/01
FORMALITY REVIEW	TH	1118	12-04-01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	11/3/2001
2	11/25/01
3	11/0
4	11/0
5	11/1
6	11/1
7	11/1
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10	11/1
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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